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То:	U.S. Patent & Tradem	ark Office	From:	Ronald E. Smith		
Attn:	David J. McCrosky - Art Unit 3736			Client: 1139.16		
Foxc	c (703) 872-9302		Pages:	21 including coversheet		
Phone:	(703) 305-1331		Date:	February 16, 2004	<u> </u>	
Re:	USSN 09/683,454		CC:	John S. Fisher / Frederick Ahari		
□ Urge	nt 🗹 For Review	☐ Please Co	mment	☐ Please Reply	☐ Please Recycle	

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.

: 09/683,454

Confirmation No. 6289

Applicants:

: John S. Fisher et al.

Filed:

: 01/02/2002

Art Unit

: 3736

Examiner

: David J. McCrosky

Docket No.

: 1139.16

Customer No.

: 21901

For

: Biopsy Needle Having Rotating Core for Shearing Tissue

Faxed to Technology Center 3700 at (703) 872-9302 Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is an independent inventor. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF FACSIMILE TRANSMISSION (37 C.F.R. 1.8 (a))

Deborah Preza

I HEREBY CERTIFY that this Amendment A, including Introductory Comments, Amendments to the Specification, Amendments to the Claims, and Remarks, is being transmitted by facsimile to the United States Patent and Trademark Office, Art Unit 3736, Attn: Mr. David J. McCrosky, (703) 872-9302 on February 16, 2004.

Dated: February 16, 2004

(Amendment Transmittal-page 1)

FEE FOR CLAIMS

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below: 4.

(Col.1)		(Col. 2)	(Col. 3) SMALL ENTITY				
Claims Remaining After Amendment			Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	
Total	11	Minus	32	= 0	x \$9 =	\$0	<u>.</u>
Indep.	2	Minus	5	= 0	x \$43 =	\$0	
First Pro	esentation of	f Multiple I	Dependent Claim	1	+ \$145 =	\$0	-
					Total	\$0	

Addit. Fee 20

No additional fee for claims is required.

Very respectfully,

SIGNATURE OF PRACTITIONER

Reg. No. 28,761

Tel. No.: (727) 507-8558

Ronald E. Smith Smith & Hopen, P.A. 15950 Bay Vista Drive, Ste. 220 Clearwater, FL 33760

(Amendment Transmittal—page 2)

If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3, If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

2004/021 DL

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Examiner

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Docket No.

1139.16

Customer No.:

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For

Biopsy Needle Having Rotating Core for Shearing Tissue

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Dear Sir:

AMENDMENT A

Introductory Comments

In response to the non-final Examiner's Action mailed November 21, 2003, having a shortened statutory period for response set to expire February 21, 2004, the above-identified patent application is amended a first time as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims that begins on page 3 of this paper.

Remarks begin on page 11 of this paper.